

Exhibit B

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From: Karee Carlucci <kareetwm@icloud.com>

Sent: Tuesday, July 16, 2024 3:15 PM

To: permitextensions <permitextensions@countyofmonterey.gov>

Subject: Extension Request for Construction Permit PLN200306

Please see the following attachments, regarding a request for extension of time on Combined Development Permit PLN200306:

Extension Request form completed and signed

Tree Permit Statement of History and Photos (TRM200232)

Tree Permit Ext. and Water Release Email thread

Tree Permit Ext. Request Email thread Oct-Nov 2021

Tree Replacement receipts 2023

Thank you for your consideration, and I look forward to your reply,

Karee Carlucci, owner

COUNTY OF MONTEREY

HOUSING AND COMMUNITY DEVELOPMENT

PLN200306-EXT1



Planning - Building - Housing
 1441 Schilling Place, South 2nd Floor
 Salinas, California 93901-4527
 (831) 755-5025

Extension Request for Construction Applications and Permits

Please submit this form by:

- **Email to:** permitextensions@co.monterey.ca.us
- **In person or Mail to the address listed above**

Permit # _____ Assessor's Parcel Number (APN): _____

Street Address: _____ Suite/ Unit #: _____ City: _____

Please use the space below to provide an explanation for your request for permit extension.

Property Owner / Applicant Name: _____

Phone Number: () _____ Email Address: _____

Extension must be paid within 14 days of notification of approval. Payments not made within this time frame will have to resubmit a new extension request form and will be subject to an additional fee.

Signature: Karee Carlucci Print Name: _____ Date: _____

For Office Use Only

| Staff accepting request: | Current Expiration Date: | YES | NO |
|--|--------------------------|-----|----|
| Are there any other expired applications or permits on the property? | | | |
| Has the application or permit had a previous extension? | | | |

Code Compliance Case No: _____

Extension: Allowable Until: _____ Denied

Reviewed By: _____ Signature: _____ Date: _____

Extension Fee: \$ _____ Inspection Fee: \$ _____ Total Fee: \$ _____

| | | |
|-----------------|---------------|--|
| Approved | Denied | An Approved Final Building Inspection must be completed within from the receipt of payment or a new extension fee will be required. |
|-----------------|---------------|--|

Signature of Approving Staff _____ **Print Name** _____ **Date** _____

Notes:
